Title of Invention

As the below named inventor(s), I/we declare that:

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An Adhesion Deficient Isolate of Flavobacterium Columnare Against Columnaris Disease

## DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

This declaration is directed to:							
☐ The attached application, or							
☐ Application No	, filed on,						
as amended on	(if applicable);						
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;							
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;							
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.							
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.							
FULL NAME OF INVENTOR(S)							
Inventor one: <u>Joel A. Bader</u>							
Signature: Joel a Bady	Citizen of: U.S.						
Inventor two: Craig A. Shoemaker							
Signature: <u>Rough</u> . Moench	Citizen of: U.S.						
Inventor three: Phillip H. Klesius							
Signature: Price A. Klesius	Citizen of: U.S.						
Inventor four:							
Signature:	Citizen of:						
Additional inventors are being named on additional form(s) attached hereto.							

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number. Application Number Filing Date POWER OF ATTORNEY OR First Nam d Inventor Joel A. Bader **AUTHORIZATION OF AGENT** Title An Adhesion Deficient Isolate of Flavobacterium Columnare Against Columnaris Disease **Art Unit Examiner Name** Attorney Docket Number 0180.03 I hereby appoint: Practitioners at Customer Number OR 25712 □ Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR □Firm or Individual Name **Address** Address State Zip City Country Fax Telephone I am the: ☑ Applicant/Inventor. ☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Joel A. Bader Signature Date 5-04 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Submit multiple forms if more than one signature is required, see below\*.

forms are submitted.

\*Total of 3

Approved for use through 11/30/2005. OMB 0651-0035

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	Application Number						
DOWED OF ATTORNEY OR	Filing Date		-				
POWER OF ATTORNEY OR	First Named Inventor		Joel A. Bader				
AUTHORIZATION OF AGENT	Title		An Adhesion Deficient Isolate of Flavobacterium Columnare Against Columnaris Disease				
	Art Unit						
	Examiner	Name					
	Attorney	Attorney Docket Number		0180,03			
I hereby appoint:  ☑ Practitioners at Customer Number  OR  ☐ Practitioner(s) named below:	2	5712					
Name		Registration	Number				
-		<del></del>					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR							
□Firm or Individual Name							
Address							
Address							
City	State	.]		Zip			
Country							
Telephone	Fax						
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record							
Name Craig A. Shoemaker							
Signature Cars A Shoeme	hais A. Moemale						
2 /4 /04							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
▼Total of 3 forms are submitted.							

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT		Appl	lication Number					
		Filing Date						
		First Named Inventor		Jo I A. Bader				
		Title		An Adhesion Deficient Isolate of Flavobacterium Columnare Agains Columnaris Disease		lumnare Against		
			Art l	Jnit		<del></del>		
			Exar	niner Name				
			Atto	rney Docket Number	0180.03			
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
Please change	e the c	correspondence address for t	he ab	ove-identified application	ation to:			
☐ The above-mentioned Customer Number.  OR								
□Firm <i>or</i> Individual Name	Э		·					
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Telephone			F	ax				
I am the:  ☑ Applicant/Inventor.								
□ Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
SIGNATURE of Applicant or Assignee of Record								
Name		Phillip H. Klesius						
Signature	·	Shillin H.K.	lex	lius				
Signature  Signature								
		the inventors or assignees of rec more than one signature is requir			ir representa	tive(s) are	e required.	
★Total of 3 forms are submitted.								

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